

Form PV Massachusetts Income Tax Payment Voucher

2009

First name

M.I.

Last name

Social Security number

Spouse's first name

M.I.

Last name

Spouse's Social Security number

Street address

Amount enclosed

\$

City/Town

State

Zip

☐ Check if name/address changed since 2008

Mail to: **Massachusetts Department of Revenue, PO Box 7003, Boston MA 02204.**

Make check payable to: Commonwealth of Massachusetts.

0140 136 1

STAPLE CHECK HERE